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Message from the Scientific Director



Dr. Reini Quirion, Ph.D., FRSC, CQ
Scientific Director

In the July issue of our Brain Brief, we reported on our open call on "**Unique Challenges in Mental Health and Addictions**", seeking input into the establishment of a 10-year research agenda for this area as challenged by Senator Kirby who chairs the Standing Senate Committee on Social Affairs, Science and Technology. Despite the extremely tight timeline and no funding offered, we received over 40 briefs from across Canada. Submissions came from academics, non-governmental organizations and voluntary health organizations, provincial governments as well as the pharmaceutical industry. The briefs ranged from focused topics to broader issues and identified a number of themes, from knowledge creation to knowledge translation.

What an amazing response and multitude of views! I look forward to reading through all of the submissions and intend to carefully reflect on the feedback from our vast stakeholder community. It is gratifying to see the shared interest in this important field and I want to thank everyone who has taken the time to contribute.


We intend to use this stakeholder feedback in a number of ways. First, we have charged an external committee of experts with reviewing the briefs. The most compelling themes will inform several initiatives such as the development of our second Strategic Plan (2006-2011). The Institute Advisory Board has already revisited INMHA's mandate, vision and values and much of our next meetings will be devoted to the strategies and priorities for the coming five years. We will also take wisdom from the outcome of the Institute evaluation and strive to address any perceived areas of weakness.

We will also continue our discussions with Senator Kirby's Senate Committee and hope that the stakeholder input will help inform the national strategy related to mental health, mental illness and addictions and the 10-year research agenda. The final report of the Committee is to be tabled in January. We are grateful to have had the opportunity to contribute to this important task. We must do everything we can to ensure that the unique challenges facing research in mental health and addictions are included in all aspects of the health agenda in Canada.

Since the "Unique Challenges in Mental Health and Addictions" call was extremely successful, we plan to issue

similar calls in the future for other areas covered by INMHA's mandate. Stakeholder input is very important to us and we value the opinions and ideas from our research community and partner organizations.

Thank you again for your invaluable contributions and efforts in support of our mandate!

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Current Funding Opportunities

Regenerative Medicine and Nanomedicine Initiative (RMNI)

The Regenerative Medicine and Nanomedicine Initiative (RMNI) continues to add new partners and expand its range of supported research areas. Initially one of INMHA's four strategic initiatives, RMNI quickly evolved into one of the four main CIHR large initiatives with broad-ranging support from numerous internal and external partners. The first RFA issued in 2003 distributed \$12.3 million to a number of innovative research projects, including several within the mandate of INMHA. A second call was launched in June 2004, and new funding commitments were secured to at least match the support level from the inaugural competition. The 2004 RFA received an overwhelming response from the research community, and final results will be available shortly. The initiative was re-launched again in June 2005, with revised programmatic tools and expanded research goals. The deadline for the 2005 RMNI Team Grant Letter of Intent (LOI) is fast approaching: November 1, 2005. Please contact Eric Marcotte, Associate Director of RMNI, for further information (emarcotte@cihr-irsc.gc.ca, Regenerative Medicine Web site)

Mental Health in the Workplace

Mental health in the workplace was established as an area of strategic importance by INMHA, the Institute of Population and Public Health (IPPH) and the Institute of Gender and Health (IGH). All three Institutes participated in a seminal stakeholder meeting in Toronto in April 2004 at which research priorities were recommended. Following this, a task force was struck to implement a broad-based 10-year agenda that included launching an RFA, producing newsletters, bringing in external partners, and putting on an annual meeting.

On June 2 and 3, the first annual meeting took place in Montreal, organized by Michel Vézina from l'Institut national de santé publique du Québec with consultation from the task force. There was intense interest from the media, researchers, workplace organizations and the public and over 300 people attended. For additional information on the meeting including speaker presentations and abstracts, please see the workplace mental health research Web site

Shortly after the meeting, the RFA "Mental Health in the Workplace: Delivering Evidence for Action" was launched. INMHA is the co-lead with IPPH and IGH and the focus is on action-oriented intervention research that will involve workplace partners in all steps from the earliest stages of planning. Letters of Intent are due on November 1, 2005 and full applications on July 1, 2006. The extended timeline is to allow researchers and workplace organizations to connect with each other to form teams. A website accessible through the INMHA home page has been set up to allow applicants to facilitate this and to convey important information from the funding partners.

A new task force is currently being formed, with a focus on the establishment of funding partnerships with workplace organizations, particularly large banks and insurance companies. It will also continue general oversight of the whole initiative including the RFA, newsletters, networking activities, and the annual meetings. Next year's meeting will be in Toronto, hosted by Cameron Mustard from the Institute for Work and Health, and the 2007 event will be held in Vancouver and organized by Elliot Goldner from the University of British Columbia.

Clinical Research Initiative

The Clinical Research Initiative is CIHR's response to a clear need and opportunity to strengthen clinical research in Canada and has been designated as one of its top strategic priorities. CIHR has been working with other stakeholders to form a Canadian Clinical Research Coalition with the vision that Canada will be a world


leader in clinical research by 2010. Details on the Clinical Research Initiative can be found at [Clinical Research Initiative Web site](#)

A priority announcement was made in June for the Clinical Research Networks - Team Grant Competition. Letters of Intent for this Program are due on November 14, 2005.

In July, CIHR announced a partnership with the Canada Foundation for Innovation (CFI) to support clinical research across the spectrum from translational research to clinical trials and observational studies. The evolving plan is that in early November 2005, the two agencies would jointly issue a Call for Proposals to apply for support of National/Regional Clinical Research Initiatives. There would be a single combined application and review process, and a joint decision would be made by the two agencies. Although there could be different approaches to National/Regional Clinical Research Initiatives, this joint initiative would focus on two components: Clinical Research Centres and Clinical Research Platforms. The joint announcement with CFI including the tentative timetable for the joint programs can be found at [Clinical Research Initiative](#).

Upcoming Joint Program with China

CIHR is currently finalizing a new funding program with the National Natural Science Foundation of China to support collaborative research projects between Canadian and Chinese researchers. The anticipated deadline for the first competition is March 1, 2006. Details on this RFA will be announced shortly. It will be modeled after our joint program with Japan - see [Japan-Canada Joint Health Research Program](#)

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External Funding Opportunities

Parkinson Society Canada Request for Applications

PSA recently announced the July 2006 - June 2008 National Research Program Funding Cycle for the following programs:

Clinical Research Fellowship:

- Two-year duration, \$45,000-\$50,000/yr
- Recipient training will combine direct experience in the diagnoses and treatment of Parkinson's and in clinical research.

Boehringer Ingelheim Clinical Movement Disorders Fellowship:

- One year duration, \$45,000
- Recipient will undertake clinical training in the subspecialty of Movement Disorders and gain expertise in diagnosis and treatment of Parkinson's and may include other movement disorders.

Submission deadline: November 4, 2005 Application materials and information may be obtained at [Parkinson Society Canada website](#)

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Canadian Creates Buzz at 2005 International Brain Bee Championship

After winning this year's University of Toronto Brain Olympiad in February, high school student Peter Lu took home second place in the International Brain Bee Championship held in Baltimore on March 20, 2005.

The Brain Bee is modeled after a "spelling bee" and is the premier neuroscience competition for high school students. Sponsors include the University of Maryland, the Thadikonda Foundation and the Society for

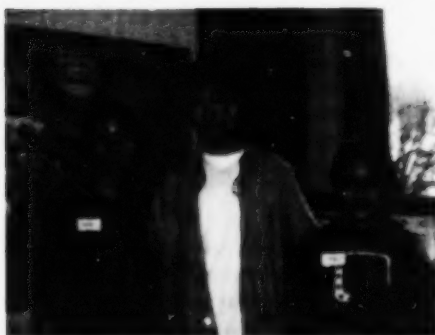
Neuroscience. The University of Toronto Brain Olympiad was hosted by the University's Collaborative Program in Neuroscience and organized by Professor Jonathan Dostrovky, Director of P+M. It was one of several Brain Awareness Week initiatives sponsored by INMHA.

Peter had studied at the University of Toronto Schools since grade 7. He was introduced to the Brain Bee competition last year by his biology teacher, Mr. Mahadevan, and ended up joining his team for the Olympiad. Peter acknowledges the support he received from Mr. Mahadevan and his team mates as having been crucial to his win and being able to move to the next level.

At the international championships, Peter was introduced to numerous prominent figures in neuroscience and interacted with dozens of fellow high-school neuroscience enthusiasts, all competing for the international title. He faced tough competition and some difficult questions. He remembers well the two he was asked during the final round: 1) "Which individual defined stress as 'the rate of wear and tear in the body'?" (Answer: Dr. Hans Selye) and 2) "What organization sponsored the first official meeting on neuroethics in 2002?" (Answer: the Dana Foundation).


Over two days of the competition, the students also attended lectures on neuroscience, went on tours of the medical facilities of Baltimore and Washington. Peter found the competition to be an extraordinary experience and he hopes it will continue to raise enthusiasm for neuroscience in high schools around the world. His second place honor came with a medal and a cheque for \$2,000.

Peter has now begun his junior year of high school. On his plans for the future Peter says, "The Brain Bee Championship really opened my eyes to the world of neuroscience and all the possibilities it can offer. I'm still not absolute on my career path at the moment but neuroscience is definitely now an option I'm considering".



The picture shows Peter at the Toronto Brain Olympiad with second place winner Ting Zhu and third place winner Jamie Duan, both from Earl Haig Secondary School

Information on the International Brain Bee and the 2005 Championship can be found at the International Brain Bee. Details on the University of Toronto Brain Bee Program are available at the Toronto Brain Bee Program Web site

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Results of the Physician Health in Canada Research Initiative

This program was a partnership with the Canadian Medical Association (CMA) and the CMA Centre for Physician Health and Well-Being. INMHA co-funded two research projects that have contributed to the current literature and understanding of physician health in Canada. The following are brief summaries of the final reports submitted by the investigators:

Guide for Common Indicators for Canadian Physician Health Programs (Joan Brewster, University of Toronto and Michael Kaufmann, Ontario Medical Association)

Physician Health Programs in every province and territory of Canada currently collect data to record their activities, and some programs carry out research with these data. Nevertheless, there is no consistent format or language currently used for this data collection across Canada. In collaboration with representatives of

Canadian Physician Health Programs, the Common Indicators project developed a list of proposed common indicators to describe client characteristics and services provided, a Guide to define and explain the indicators, and an accompanying document providing a research rationale for the indicators. Utilization of the Guide will enable programs to collect consistent data, so that future research can study and compare PHP clients and program activities across Canada.

Physicians in Distress: A Call for Change (Marie-France Maranda, Université Laval)

This study aimed to provide a better understanding of the possible links between work organization and the current mental health problems of the physicians who took part in this investigation. It applied the theoretical and methodological framework of work psychodynamics, an approach that explores how physicians analyse and understand what poses a work-induced problem. The team's work involved stimulating group discussion and interpreting what the participants reported. This method helped to draw out individual views, which were often limited to describing symptoms rather than finding connections at the contextual or organizational level. However, sharing experiences allowed the group to recognize common sources of personal discomfort and go beyond personal interpretations.

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Meetings and Events

Co-morbidity Consultation

This meeting was held in Ottawa on September 22-23, 2005 to establish a research agenda which will form the basis of an RFA to be issued by INMHA sometime in 2006. Key stakeholders and experts representing many different areas of research, NGOs, government, healthcare providers and consumers attended. A report on the workshop will be available on the INMHA website by the end of October.

Co-morbidity, a term used to denote that two or more illnesses affect the same individual, has been a priority of INMHA since the earliest stages of strategic planning. Co-morbidity involving mental illness, addiction, brain disorders and the senses is recognized as an area in which research was urgently required. Evidence is needed to build the foundation for solutions to the serious medical, social and health service access faced by patients with co-morbid conditions and their families.

International Partnership for Mental Health Research (IPMHR) - Inaugural Research Symposium "Making the Connection"

Officially launched at this meeting in Toronto on September 12, the IPMHR is a new alliance of mental health organizations dedicated to undertake the challenge of promoting and supporting mental health research around the world. The IPMHR was conceptualized by INMHA and several partner organizations that share a common cause and commitment to working together. Representatives of the organizations first met in May 2004 and by August 2004 had developed a plan for the alliance and the research symposium. The founding members of the IPMHR include NARSAD (the National Alliance for Research on Schizophrenia and Depression), NEA-BPD (National Education Alliance for Borderline Personality Disorder), the Schizophrenia Society of Canada and the Canadian Psychiatric Research Foundation.

The symposium concentrated on *making the connection* between the funding organizations, researchers and stakeholders. The event was sponsored by the National Institute of Mental Health (NIMH) and INMHA. Tom Insel, NIMH Director, and Rémi Quirion acted as moderators for the day and made opening presentations. The meeting included two research panels with organizational overviews from NARSAD, CPRF and SSC and researchers funded by their organizations. Stan Kutcher, former INMHA Institute Advisory Board Member, gave the luncheon plenary focused on the global perspective. The dinner presentations focused on philanthropy. Mary Seeman of the University of Toronto gave some excerpts from her upcoming book providing perspectives on philanthropy. Connie Lieber, President of NARSAD, told her personal story of founding the organization.

The IPMHR Steering Group is now working on a strategy for further developing the alliance and expanding the partnership. We are also exploring the first funding partnership within the IPMHR.

Conference on the Biology of Manual Therapies

On June 9-10, INMHA in partnership with the NIH National Centre for Complementary and Alternative Medicine (NCCAM) and along with four NIH institutes, the Institute of Musculoskeletal Health and Arthritis and CIHR International Branch, sponsored the Conference on the Biology of Manual Therapies in Bethesda, the first major joint CIHR-NIH conference. Recent surveys have shown that many people in the United States and Canada are turning to manual therapies (hands-on CAM practices, such as chiropractic manipulation and massage therapy). It is important for researchers and health care providers to better understand how these therapies affect the body. The conference reviewed the science explaining how manual therapies might work and identified questions for further research. The conference recommendations will be posted on the NCCAM Web site. The recommendations are expected to lead to a Program Announcement in this area, led by NCCAM with participation from INMHA and other partners.

Visit us at the 2005 Society for Neuroscience Meeting in Washington

INMHA will again exhibit at the SfN meeting in Washington during November 12-16, 2005. This year we will share our booth with three other CIHR Institutes: Aging; Human Development, Child and Youth Health; and Genetics. If you will be at the meeting, please stop by to see us at booth #1004.